PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with

pplicable fee(s), to: Mail Mail Stop ISSUE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ap m

indicated unless correcte maintenance fee notificat	ed below or directed oth	erwise in Block 1, by (a) specifying a new corres	pondence address;	and/or	(b) indicating a separa	te "FEE ADDRESS" for
		ock I for any change of address)	Pec(s) Transmittal. Thi	s certifi I naner.	cate cannot be used for	domestic mailings of the any other accompanying or formal drawing, must
27476	7590 09/21		Cer	tificate	of Mailing or Transm	ission	
	L PROPERTY R33	DIAGNOSTICS II 38	inter. Label	reby certify that the es Postal Service was	is Fee(s ith suff) Transmittal is being dicient postage for first	leposited with the United class mail in an envelope bove, or being facsimile a indicated below.
P.O. BOX 8097			A STANDARD CONTRACTOR	smitted to the USP	10 (57)) 273-2885, on the dat	e indicated below.
Emeryville, CA	94662-8097 ! 00000022 09728423	ì		Denise M. Vaillancourt		ancourt	(Depositor's name)
							(Signature)
01 FC:1501 02 FC:1504	C:1504 . 300.00 DP			12-13-07			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/728,423	09/728,423 12/01/2000		Michael Houghton		1618.003		3252
TITLE OF INVENTION: ELICITING HCV-SPECIFIC ANTIBODIES							
			•	• •			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$ 1400 1440	\$300	\$0	\$1700 \77		12/21/2007
EXAM	INFR	ART UNIT	CLASS-SUBCLASS]			
HILL, MYRON G		1648	424-228100				
				atent front page lis	:t		
1. Change of corresponde CFR 1.363).		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Robins & Pasternak LLP					
☐ Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
			THE PATENT (print or typ				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Novartis Vaccines and Diagnostics, Inc. Emeryville, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	e i de la companya d		A check is enclosed.				
☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies 10			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
— Advance order • 1	7 Of Copies		overpayment, to Depo	sit Account Number	er <u>18</u> –	1648 (enclose an	extra copy of this form).
5. Change in Entity State a. Applicant claim	tus (from status indicate s SMALL ENTITY stati		b. Applicant is no lon	ger claiming SMA	LL ENT	'ITY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademar	ed from anyone other than t k Office.	he applicant; a regi	stered a	ttorney or agent; or the	assignee or other party in
Authorized Signature			Date /2/13/07				
Typed or printed name Roberta L. Robins			Registration No. 33, 208				
This collection of inform an application. Confiden submitting the complete this form and/or suggesti	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to the	ion is required to obtain or a 1.14. This collection is est y depending upon the indiv he Chief Information Office	retain a benefit by t timated to take 12 vidual case. Any co er, U.S. Patent and	he publ minutes mment Traden	ic which is to file (and to complete, including s on the amount of tim ark Office, U.S. Depa	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O.

Ti ar su th Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.